

REGISTRANT NAME _____

NJ DEP NUMBER _____

LEASE/LESSOR INFORMATION FOR 2015-2017 CYCLE

If you are leasing equipment with or without operators from another transporter or subcontractor (e.g. Owner-Operator), attach a copy of this form with the following information (printed clearly):

1. Name of Lessor (Transporter, Subcontractor) _____
Equipment quantity being leased: Cabs ____ Trailers ____ Single Units ____ Containers ____
Are drivers included? ____ How many? ____
Name of Lessor Responsible Party (e.g. Owner, President, etc.) _____

Address of Lessor _____

Lessor US DOT Number (if applicable under interstate requirements) _____

2. Tax Number of Lessor (from W-9, 1099, etc.) _____
3. Copy of signed Lease Certification (between you & Lessor)
4. Copy of Lease which satisfies requirements listed in N.J.A.C. 7:26-3.2 (i)

If you are leasing or lease-purchasing a vehicle from a rental company, manufacturer, after-market manufacturer, bank, lending institution, or other non-subcontractor, attach a copy of this form with the following information (printed clearly):

1. Name of Lessor (i.e. Rental Company, Bank, etc.) _____
2. Address of Lessor _____

3. Federal Tax ID Number of Lessor (if available) _____
4. Copy of the Lease & Lease Certification (signed by Lessee)

The NJDEP is required to provide the names, addresses and Federal Tax ID number(s) of all Registrants and Lessors to the NJ Division of Taxation.

It is your responsibility to provide insurance on all vehicles you are operating.

Depending upon the amount of equipment and operators being leased to licensed transporters, Lessor A901 disclosure requirements may be required.

Acceptance of a Lease by NJDEP does not constitute approval of the submitted Lease.

Registrant Name (printed clearly)

Registrant Signature

Date

10. The term of the **attached** Lease:

Begins at _____ and Terminates at _____.
TIME, MONTH, DAY, YEAR TIME, MONTH, DAY, YEAR

If usage during the term of the lease is intermittent, occasional, or on an "as needed" basis, please explain:

I am aware that if any of the foregoing information or statement is willfully false, I am subject to punishment. I further certify that I understand my legal obligation to require Business Concern Disclosures and Personal History Disclosures of lessors under N.J.A.C. 7:26-16.6(i).

Name of **LESSOR** (Owner of Vehicle) Street Address City State Zip Code

LIST ALL OWNERS OF LESSOR COMPANY: (Additional owners? Please check here and print the names and titles on a separate sheet of paper)

Print Name Title Print Name Title Print Name Title

Signed by: _____ () _____
Name of Authorized Official Date Title Telephone Number

Name of **LESSEE** (A-901 or Self-Generator Co.) Street Address City State Zip Code

Signed by: _____ () _____
Name of Authorized Official Date Title Telephone Number

ADDENDUM

(Use this forms for any additional vehicles/equipment)

Vehicle Type _____ VIN/Serial No. _____

Issued by the State of _____ License Number _____

Overnight Location: _____
Completed Address where vehicle/equipment is stored overnight (PO Box will not be accepted)

Vehicle Type _____ VIN/Serial No. _____

Issued by the State of _____ License Number _____

Overnight Location: _____
Completed Address where vehicle/equipment is stored overnight (PO Box will not be accepted)

Vehicle Type _____ VIN/Serial No. _____

Issued by the State of _____ License Number _____

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